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Total Number of Pages in This Submission

Application Number	09/977,552
Filing Date	10/15/2001
First Named Inventor	Hank Miller et al.
Art Unit	3746
Examiner Name	Emmanuel Sayoc
Attorney Docket Number	0315-000487/DVA

ENCLOSURES (check all that apply)								
Fee Transmittal F	om	☐ Drawing(s)			After Allowance Communication to Technology Center (TC)			
☑ Fee Attached		Licensing-related Papers			peal Communication to Board of peals and Interferences			
Amendment / Rep	oly	Petition			peal Communication to TC peal Notice, Brief, Reply Brief)			
After Final		Petition to Convert to a Provisional Application			Proprietary Information			
Affidavits/dec	laration(s)		ttorney, Revocation Correspondence Address	Status Letter				
Extension of Time	e Request	Terminal Disclaimer			Other Enclosure(s) (please identify below):			
_		Request for Refund			Acknowledgment Postcard			
Express Abandon	ment Request	CD, Numbe	er of CD(s)					
Information Disclo	sure Statement							
Certified Copy of Document(s)	Priority	Remarks The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit						
		Account No. 08-0750. A duplicate copy of this sheet is enclosed						
Response to Miss Incomplete Applic								
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Parts under 3 1.52 or 1.53	7 CFR							
	SIGNA	TURE OF APP	LICANT, ATTORNEY, OI	R AGEN	îT			
Firm			Attorney Name		Reg. No.			
or Harness, Dickey &					43,770			
Signature	pl.	tlati-						
Date	October 12, 2005			<u> </u>				
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强	Effective on 12/0	08/2004.	Complete If Known			
TATE TRADE	Effective on 12/0 Rees pursuant to the Consolidated Appro	phalons Act, 2000 (Fr.N. 4010).	Application Number	09/977,552		
	FEE TRANS	SMITTAL	Filing Date	10/15/2001		
•	for FY	2005	First Named Inventor	Hank Miller et al.		
	Applicant claims small entity s	tatus. See 37 CFR 1.27	Examiner Name	Emmanuel Sayoc		
			Art Unit	3746		
•	TOTAL AMOUNT OF PAYMENT	(\$) 650	Attorney Docket No.	0315-000487/DVA		
	METHOD OF PAYMENT (check	all that apply)				

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☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) :											
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Each claim over 20 (including Reissues) 50 Each independent claim over 3 (including Reissues) 200								100			
	ole dependent clai		uc8	400,			360	180			
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SUBMITTED BY		ı	111					
Signature	TIV	١,	Mar	7	Registration No. (Attorney/Agent)	43,770	Telephone	248-641-1600
Name (Print/Type)	Michael Malina	zak	T		_		Date	October 12, 2005

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